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CONFIRMATION NO. 5416

<b>SERIAL NUMBER</b> 10/562,205	<b>FILING OR 371(c) DATE</b> 05/15/2006 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1655	<b>ATTORNEY DOCKET NO.</b> 2503-1186	
<b>APPLICANTS</b> Ezio Bombardelli, Gropello Cairoli, ITALY; <i>cc</i>					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/05875 01/06/2004 <i>cc</i>					
<b>** FOREIGN APPLICATIONS *****</b> ITALY MI2003A001311 06/27/2003 <i>cc</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/01/2006</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>cl</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 00466					
<b>TITLE</b> Formulations for the treatment of arthritis conditions					
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		